Vermont EMS Today

December 1999

NRM EMS HCFA

From the Director

Two Different Kinds of Meetings

As a part of the work I do, I go to many meetings. There are big meetings with many people attending. Others are small one-on-one meetings. Some are regularly scheduled and happen repetitively. Frequently I meet on a subject once and then never again. Sometimes I go to meetings where I wonder, why are we having this meeting?

During the past year, I attended meetings on two different subjects. Both were on topics that are of vital importance to Vermont's EMS system. They were about as different as night and day.

Inside

The first series of meetings is called the "negotiated rule making" (NRM) process for the Health Care Finance Administration (HCFA). For those of you who get lost in the roles of the various federal agencies, HCFA is the federal source for Medicare funds. In that role, HCFA is the largest single financial payer for ambulance services in the country. In round figures, HCFA pays out well over two billion dollars annually for ambulance transportation.

HCFA based the amount it would pay out for any single ambulance bill on a profiling system. The profile was determined by the history of what had been billed by all of the ambulance services in a given geographic area. The formula was more complex than I can adequately describe here, but the logic was, in areas where most services billed at high rates, the reimbursement was high. In areas where most services billed at lower rates, the reimbursement was low. Over the years, the profile system fell under justifiable criticism for having no relationship with the actual cost of service delivery.

The profile system has fallen under justifiable criticism.

HCFA originally used profiling to determine payment levels for many kinds of services, but over time has converted reimbursement for every health care service — except ambulance services — to a fee schedule. The fee schedule is intended to be a uniform rate that will be paid for the same type of service anywhere in the country. For example, a physician's reimbursement from Medicare for a gall bladder removal is the same anywhere in the country. In theory, the fee schedule bears some relationship to the cost of service delivery, and is predictable and fair to the service provider, the patient and the federal government.

Congress has ordered HCFA to develop the fee schedule for ambulance services with input from various interest groups using a process called negotiated rule making. The fee schedule has to be budget-neutral when compared to a base year. That is, if all the ambulance payments in the base year cost a known amount under the profiling system, the payment for that same volume and type of ambulance service under a fee schedule cannot cost any more money.

Under NRM, all parties involved in the negotiations (including HCFA) try to reach consensus. If consensus is

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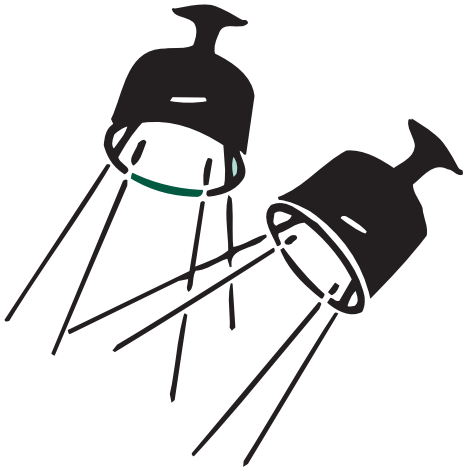
From The Medical Advisor

The Spotlight May Be Shifting



With the advent of our statewide Enhanced 911 system has come a shift in the spotlight for our EMS responses. Whereas prior to E911 the spotlight, when there was one, on our EMS responses was poorly focused and somewhat dim, in the wake of the activation of the system, we see emerging a focusing and brightening of the spotlight.

Prior to E911, it was rather difficult to spot where delays in activation of EMS occurred. This critical link in the "chain of survival" often found callers aimlessly seeking a correct phone number to call for help. The answering of the call by a call-taker might be prompt or delayed, but was frequently unable to be audited. The likelihood of the caller receiving pre-arrival instructions was uncertain and most often, unlikely.

Today, citizens have a ready, universal number to call.

Today, citizens have a ready, universal number to call. The answering of the call is quite prompt and consistent in its format. Together with verification of identifiable, locatable addresses and phone numbers, calls are passed efficiently to dispatchers. Pre-arrival instructions are a certainty, while being medically sound and scrutinized.

The spotlight is now beginning to illuminate other areas of the system. For example, cases can be identified in which calls to the dispatch center may not be answered quickly for a variety of reasons, but the time is noted. The courtesy of a few dispatchers has become a subject of interest. The length of time for the EMS response becomes more measurable. Potential variance with appropriate treatment guidance can be identified and addressed.

As the spotlight shifts, focuses and searches out other nooks and crannies of our system, it remains our challenge to work in the newfound light in a diligent and appropriate fashion. It has the potential to allow us to bask in the light of good works now recognized and I personally welcome the beacon. I hope you do, too.

— Wayne J. A. Misselbeck, M.D.
Medical Advisor

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is published quarterly as a service for Vermont's emergency medical providers. Suggestions, comments and news items are always welcome. Write or call Leo J. Grenon, Vermont Dept. of Health, 108 Cherry Street, Box 70, Burlington, VT 05402. (802) 863-7310 or 1-800-244-0911 (in Vermont only). Email: VTEMS@VDH.STATE.VT.US

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From the Director—

Two Different Kinds of Meetings

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achieved, all of the organizations represented agree not to object when HCFA publishes the notice to implement the fee schedule in the Federal Register. Similarly, HCFA is obligated to publish the fee schedule and accompanying rules as the group has agreed, if consensus is reached. My role at the table is to represent the National Association of State EMS Directors. Others participants represent various fire, private ambulance, air ambulance, physician, hospital, and county government groups.

The implications of this process for Vermont's EMS system are enormous. Many squads in Vermont earn twenty-five percent or more of their annual income from patient transports from Medicare. If the rates go up under a fee schedule, it will mean an increase in revenues. If the rates go down under the fee schedule, many services will be scrambling to make up the loss. From the patient's perspective, this process will have a substantial impact in what ambulance services can afford to pay for personnel, equipment, training, communications and every other cost associated with service delivery.

The second meeting I attended was an EMS for Children initiative hosted by the National Association of Social Workers. The purpose of these meetings was to produce a "best practices" document for physicians and emergency departments in telling families that a child has died.

Child deaths represent a troubling and traumatic experience for everyone involved. It will be among the worst experiences a family ever faces. For emergency physicians and other emergency department staff members, it is also a nightmare. How does anyone find the right words to speak the unspeakable? What is the right setting to deliver heartbreaking news? Who should be there and who should not?

For two days we brainstormed every step of the process.

A study of emergency physicians found that the task of informing families about the death of a child was among the most difficult duties of an emergency doc. Most said that they had no formal preparation in medical school or residency.

Social workers are frequently key members of the hospital team that supports families being informed of a child's critical injury, illness or death. Their national association took on the task of helping hospitals to plan and prepare for this important but painful task. The assembled group included physicians, nurses, EMS personnel, clergy, psychologists, family life specialists, and the parents of children who had died in emergency departments.

For two days we brainstormed every step of the process from field notification to memorial services months after a death. The group talked about balancing the clinical needs of the child patient with the information needs of the parents. We debated whether it was helpful to have family members present in the resuscitation room. People shared very practical suggestions such as making sure there were tissues and telephones in the waiting rooms for families. Participants talked about their experiences and ideas on what seemed to work and what didn't. The parents shared their most painful memories in an effort to ease the burden of future families.

Throughout the meeting my mind wandered to the handful of child deaths I have witnessed over the years. I reflected on the parents and wondered how they felt about the notification process. I thought about my own kids and tried to imagine how I would want to be treated.

The National Association of Social Workers has now produced an excellent document on a subject in EMS that gets little attention. They are working with a variety of other professional groups to help implement the guidance and get the word out about best practices.

Two meetings, two very different topics. Sometimes in meetings it's easy to forget that the patient is the reason for everything we do. Next time you are in a meeting, try not to lose sight of the real subject.

— Dan Manz, EMS Director

MARK YOUR CALENDAR!

2000 EMS

Conference

APRIL 7, 8, & 9, 2000

What's New and What's Not

Many things have changed in the past year, but some things have remained the same. Recent issues of Vermont EMS Today have described many of the changes resulting from the revision to Vermont's EMS Rules more than two years ago. To help readers gain a better understanding of the status of EMS in Vermont, this edition of the Training Update emphasizes things that have *not* changed recently. A few recent changes are also mentioned.

First Responder (Emergency Care Attendant) Courses

The first responder curriculum remains, for the moment, unchanged. Sometime in the near future, the EMS Office anticipates switching from the 1979 curriculum to the 1996 curriculum. This change has many implications, so it has been slow and deliberate. The EMS Office is very interested in hearing comments and suggestions from providers, services and officials. We will keep the EMS community informed of changes as they occur.

EMT-B Courses

Course coordinators are conducting EMT-B courses around the state at a rate of about a dozen and a half a year. The minimum course length is still 110 hours, the curriculum is the 1994 EMT-Basic National Standard Curriculum and the certification exam consists of the National Registry written exam and the five station practical exam (four mandatory stations and one random skill station). A significant change is that, as of April 1, 1999, any EMT-B student who passes the National Registry exam will become a Nationally Registered EMT-Basic *without* paying anything to the Registry. The state of Vermont pays the exam fee for all EMT-B students (but not for recertifying EMTs who wish to become nationally registered). Approximately 50 people are qualified to coordinate EMT-B courses.

ECA to EMT-B Bridge Courses

Three bridge courses occurred last year and four took place this year. The student prerequisite of having current certification as an emergency care attendant (ECA) remains the same. Since the course is a modified EMT-B course, it can be coordinated by anyone qualified to coordinate an EMT-B course.

EMT-B Refresher Courses

An EMT-B refresher course must be at least 24 hours long. It is true that only 16 hours must be in certain areas, but the remaining eight hours of elective are still part of the course and cannot be covered in squad training sessions or video CE. The eight hours of elective must be topics covered in the EMT-B curriculum.

The course must cover all of the objectives and content in the EMT-B refresher curriculum. It is not sufficient to cover just some of the objectives and content of the required subjects. This is also true for EMTs who get continuing education instead of attending a refresher course.

The EMT-B refresher curriculum is available free of charge at *www.nhtsa.dot.gov/people/injury/ems.*

Vermont EMTs are not required to take refresher courses unless they are regaining EMT-B certification that expired more than a year before.

EMT-B Transition Courses

Transition courses are still available, but they are becoming less frequent as the need for them declines. As of September 30, 1998, Vermont had 2012 EMT-Bs and EMT-Is. As of the same date, a total of 1780 EMTs had completed either a transition course or a 1994 EMT-Basic curriculum course.

A little caution is appropriate here when interpreting these numbers.

A little caution is appropriate here when interpreting these numbers. Simple division tells us almost ninety percent of Vermont's EMTs have received instruction in the 1994 EMT-Basic material. Unfortunately, these two numbers are not measuring the same thing. The total number of EMTs (the denominator) includes only those who were certified as of September 30, 1998. The number of EMTs who have completed either a transition course or a 1994 EMT-Basic curriculum course (the numerator) is a cumulative number, i.e., it includes some EMTs who were trained, but have since let their certification lapse. The limitations of our current computer database prevent us from determining exactly how many such people are included in this group. We nevertheless can confidently conclude that the vast majority of EMTs have received training in the 1994 material and there are relatively few who need to complete such training.

For those few EMTs who need a transition course, there is another option. The coordinator of an EMT-B refresher course can arrange the material in the course so that it covers both the refresher material and the transition material. The coordinator can then arrange with the EMS Office to administer the transition examination. This modified course will almost certainly require a commitment of time beyond the 24 hours in a typical refresher course. A course coordinator is under no obligation to make these modifications and spend additional time putting on a combined refresher-transition course. If a course coordinator chooses to conduct one of these courses, he must get the course approved as both a refresher course and a transition course in the usual manner.

EMT-Intermediate Courses

The National Highway Traffic Safety Administration recently released a revision of the national standard EMT-Intermediate curriculum. There are many changes in the course, including greater length (300-400 hours), more interventions (e.g., first line cardiac medications) and greater need for clinical facilities and field internships.

Vermont is not required to use the national standard EMT-Intermediate curriculum, so there are many questions yet to be answered: Should Vermont adopt the entire curriculum? If so, who would be qualified to teach it? Who would have the

time to take it? Where would students get the clinical exposure needed (students must not only spend a minimum time in certain areas, they must also get enough exposure to different procedures and types of patients to develop proficiency)? Where would students get the field internships needed (with challenges very similar to those for clinical rotations)? Would district medical advisors support it, with its increased demand for physician involvement in teaching and course oversight? Would the emergency physician community support it, with its increased demand for on-line medical direction?

Or should Vermont do what it has in the past and *adapt* the curriculum, using the sections that meet Vermont's needs and resources? These questions have not yet been answered. If you would like more information about the curriculum, you can find it at *www.nhtsa.dot.gov/people/injury/ems.*

Testing

The EMS Office schedules exams at the EMT-B level and above in response to requests from EMS Districts. There must be 25 or more candidates for the EMS Office to proctor an exam. Once each fiscal year (July 1 to June 30), a district may request an exam for a group smaller than 25. Districts have generally planned their exams well since this change was instituted a number of years ago. This has allowed the Department of Health to cut back significantly on EMS overtime. Once the EMS Office has approved an exam, the district provides evaluators and equipment, and the Department provides the proctor, written exams and practical exam score sheets. The EMS Office also conducts (at the request of districts) three hour evaluator training sessions where EMTs who would like to become evaluators get an opportunity to learn about evaluating before they practice doing so on simulated candidates.

Since 1997, when the EMS Rules were revised, no one has been allowed to take an EMS certification exam orally. This change came about as a result of the Americans with Disabilities Act, a federal law.

EMT-B Recert Exam Performance Criteria

The EMT-B recertification performance criteria remain unchanged since the December 1998 revision. The EMS Office sent a copy of the criteria to the training officer of each licensed service this spring.

Certification Milestones

As of the quarter ending September 30, 1998, Vermont for the first time had more than 2,000 EMTs.

The rule change that allowed this was intended to make life easier for New Hampshire EMTs who also maintain Vermont certification. It allows them to use their renewed Registry cards to recertify in Vermont without having to taking another state's recert exam.

	Dec. '89	Dec. '98	Change
ECAs	1555	1046	-32.7%
EMT-Bs*	708	1172	+65.5%
EMT-Is**	394	840	+113.2%
EMT-Ps	23	73	+217.4%
Total EMTs	1125	2085	+85.3%
Total Providers	2680	3131	+16.8%

**1989 figures include EMT-EOA in the EMT-B category*
***1989 figures include EMT-D in the EMT-I category*

Although the number of ECAs has decreased over nine years, the huge increase in EMTs (85 percent) has more than compensated for this loss, resulting in 16.8 percent more EMS providers in Vermont. The number of ECAs in 1989 is actually smaller than the number in the table because providers who had been ECAs and then became EMTs were inadvertently counted in both categories that year. The distribution of providers is changing in other ways: in 1989, only 14.7 percent of EMS providers were certified at the EMT-I level; in 1998, almost twice as many (26.6 percent) providers were at the EMT-I level. The number of paramedics, though small, also jumped more than 200 percent as more services went to the EMT-P level. The overall picture of EMS providers in Vermont over the past nine years is one of steady growth in total numbers and significant advancement in the level of certified providers.

National Registry Renewal

Beginning in the spring of 2000, a Vermonter who wishes to renew a National Registry EMT-B card will need to send with the National Registry renewal forms a copy of the exam results letter "happy letter" from Vermont EMS to show completion of Vermont's testing requirements. This closes a loophole that opened after the Vermont EMS Rules were amended in 1997.

Some EMTs discovered in 1999 that the Registry would renew a person's EMT card without that person passing a recertification exam. The person could then use that new Registry card to renew a Vermont EMT card without ever taking Vermont's recertification exam.

The Registry has agreed to help close this loophole by requiring evidence of completion of a recertification exam for Vermonters. This will ensure that all Vermonters are held to the same standard for recertification.

Change in Continuing Education Form

The continuing education (CE) form has recently been revised. There is no longer any mention of a requirement that a certain number of hours of CE must be taught by a certified instructor-coordinator. The EMS Office supports quality instruction and recommends that squad training sessions be conducted by instructors well versed in both the subject they are teaching and instructional techniques, but there is no requirement that CE must be taught by a certified instructor-coordinator.

Instructor Development

Another EMS Instructor course took place at the University of Vermont between January and March 1999. Fifteen participants enrolled in the course and 13 graduated, bringing the number of instructors in the state to 57.

The purpose of the EMS instructor course is to prepare EMTs to coordinate courses at the EMT-B level and above. It is *not* a means of preparing training officers. The investment of time and energy a candidate must devote to the course is significant, so it is probably not the most prudent use of resources for a district to recommend someone for the course who plans to teach only at the first responder level.

— Mike O'Keefe

FDA & NIOSH PUBLIC HEALTH ADVISORY:

Explosions and Fires in Aluminum Oxygen Regulators

Over the past five years, the FDA has received 16 reports of aluminum regulators used with oxygen cylinders burning or exploding. These incidents have caused severe burns to 11 health care workers and patients. It is a rare risk: of over 200,000 known regulators in use, the FDA has only 16 reports of explosions in the past 4 years. Unfortunately, the end result of these explosions is so severe that the warning and subsequent recall by the manufacturer is a very important and necessary act.

Although we know that oxygen does not burn, it does support combustion very well and is one of the elements in the "fire tetrahedron." A material that does not burn in normal conditions may burn under conditions of highly pressurized pure oxygen. An example of a material which may do this is the material used in most of the oxygen regulators in used today, aluminum. Aluminum and alloys made from it are more likely to ignite than brass, especially under significantly high pressures. In standard tests, aluminum can burn vigorously at pressures as low as 25 pounds per square inch (psi), while brass does not burn at pressures below 10,000 psi. Although there are rare instances of fires in brass regulators, they have a long history of safe use and are believed to be safer than aluminum regulators in high-pressure environments. Because aluminum is lighter than steel, it is used to make the oxygen cylinders as well as the regulators. The National Institute for Occupational Safety and Health (NIOSH) believes that the aluminum cylinders can be used safely with brass regulators, and regulators which are recalled will be fitted with brass fittings to attempt to resolve the potential hazard.

Allied Healthcare Products (formerly LSP) currently has sixty percent of the market share of oxygen regulators for prehospital use. Due to this FDA healthcare advisory, Allied Healthcare Products is voluntarily recalling all oxygen regulators produced under the Life Support Products (LSP) brand. The particular models which apply to this recall are the LSP 106, 270, 280, 370 and LSP 735 series regulators. This recall by Allied Healthcare Products is completely voluntary and is in cooperation with the United States Food and Drug Administration to attempt to minimize the risk of oxygen explosions and fires.

In May 1997, Allied Healthcare Products conducted a smaller scale recall to add a bronze fitting to the LSP 270 series regulators only. Even though the LSP 270 series regulators have already been fitted with a bronze fitting, that one fitting alone does not provide sufficient protection. Therefore Allied Healthcare Products is recalling all 270 series regulators regardless of prior recall work done to the regulator.

To minimize the risk of mishaps, users of these oxygen regulators should take the following precautions in addition to normal precautions taken when handling oxygen cylinders.

- The oxygen tank, cylinder valve and regulator should be free of all contaminants.
- The cylinder valve should be opened very slowly whenever the unit is used in order to minimize heat of rapid compression in the regulator.
- Users who refill their own oxygen cylinders should take extra care to avoid the introduction of contaminants during the filling process.

To find out more about this potentially serious problem, consult the following sites on the World Wide Web:

- *www.alliedhpi/com/announcements.html*
- *members.aol.com/cctnews/pages/news24991.html*
- *www.fda.gov/cdrh/oxyreg.html*

For more about the recall procedures, contact Allied Healthcare Products through one of the following methods:

- Telephone: 800-231-5273 (Monday-Friday between 8 am and 5 pm CST)
- Fax: 888-216-2624
- Mail: LSP Regulator Recall Center
  Allied Healthcare Products Inc.
  1720 Sublette Avenue
  St. Louis, MO 63110
- E-mail: RRC@alliedhpi.com

1999 EMS *Awards Winners*

Again we acknowledge and congratulate the 1999 EMS Award Winners:

First Responder of the Year
Laurie Cloud
Chester Ambulance Service

EMT-Basic of the Year
James Smith
LeFevre Ambulance Service, Inc.

EMT-Intermediate of the Year
Jane Pawling
Poultney Rescue Squad, Inc.

Paramedic of the Year
Stephen Pixley
Hartland Vol. Fire Department & Rescue Squad, Inc.

Emergency Nurse of the Year
Mary Margaret Ryan, R.N.
Rutland Regional Medical Center

Emergency Physician of the Year
Ruth Berner, M.D.
Rutland Regional Medical Center

Educator of the Year
Virginia Caffin
Vermont EMS District #6

EMS Leader of the Year
Amy B. Estey
White River Valley Ambulance

First Responder Service of the Year
Starksboro Emergency Rescue Unit

Ambulance Service of the Year
Manchester Rescue Squad, Inc.

Vermont SAFE Kids Award
Melissa A. Elwell

Life Services Memorial
Eugene P. McDonough
St. Johnsbury Fire Department

Year 2000…The Night Before

So, what are you going to do on the evening of December 31 to make sure your agency can respond effectively to emergency calls?

It is very unlikely that power, phones, etc. will fail. However, just in case "Murphy" strikes, consider making a checklist and assigning an agency member to make sure critical preparations are done.

The Week Before

- ✓ Stock a three-day supply of packaged food and drinking water for duty crews in the station.
- ✓ Make sure your emergency generator is fueled (after you did a two-hour test under full load a month ago someone probably forgot to top off the tank).
- ✓ Get control over your agency's handheld radios and spare batteries. Make certain every radio is accounted for and available either in a central stock or issued to key personnel who will need them. Make certain every battery is fully charged.
- ✓ Do the same for your agency's flashlights. If the lights go out, having a flashlight at hand with plenty of fresh batteries is more than a convenience.
- ✓ Know where your people live and have a plan for getting them in if you have a major emergency. If the phones don't work, people either need to know to report to the agency automatically or you need to be prepared to go and pick them up.

On December 31

- ✓ Keep your vehicles fully fueled (no electricity means no gas pumps).
- ✓ Make sure you have old standbys for the modern medical equipment available on your vehicles.
- ✓ Make sure everyone on duty brings in plenty of warm clothing (no heat and a wet night will make the station miserable very quickly).
- ✓ And make sure everyone has several changes of uniforms and that there is a supply of water, soap and towels for washing up after potential blood borne pathogens exposure.

At 11:30 p.m. consider disabling any electronic security systems.

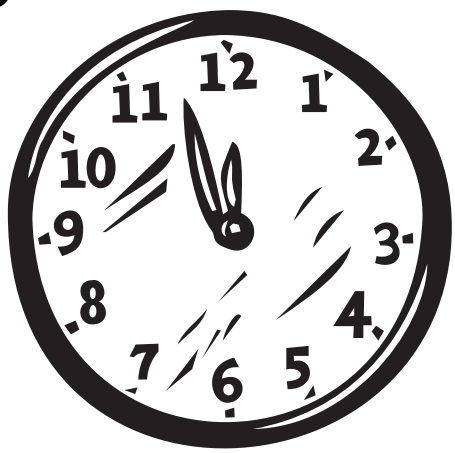
At 11:50 p.m. consider parking your vehicles outside. If you have electric door openers, no electricity means no egress, at least without a lot of dings and scratched paint. If you can disable the doors, make sure everyone knows how and can physically open them.

At 11:55 p.m. consider starting all of your vehicles and letting them run. Once you are into 2000, turn off the least critical first and see if you can restart it. Go through the fleet one vehicle at a time.

Also at **11:55 p.m.** consider starting your emergency generator, so you can rapidly switch power for critical systems.

At 12:01 a.m. have members ready to start checking your systems to make sure everything is working. Some suggested priorities include:

1. a phone call to dispatch to make sure they are still up, followed by



2. a radio call to make sure your system is still up
3. check any mission essential computers in your station
4. check your life support systems — alarms, water, heating
5. talk to your dispatch agency to see if it plans a roll call to save a mass of incoming phone and radio calls.

And, if you have an old 1950 Cadillac ambulance out back up on blocks, maybe now is a good time to put usable tires on it, put a charged battery under the hood and see if the straight 8 will turn over. At the least you will have a "new" parade vehicle.

Article received from Walter Green, Virginia EMS Office

Stop Paying Too Much for Vaccines

Is your organization paying too much for Hepatitis-B vaccine? If you are ordering it through a pharmacy, physician's office or hospital, you may be paying more than you need to.

SmithKline Beecham Pharmaceuticals is making several of their vaccines available to non-profit organizations with 501C3 status or municipalities at the Centers for Disease Control (CDC) pricing. CDC pricing is the lowest available cost for the purchase of any vaccines.

Currently vaccines for Hepatitis-B, Hepatitis-A and Lyme Disease are available. Of these three, only the Hepatitis-B vaccine is required by OSHA for the routine occupational exposure encountered by EMS workers.

For current pricing information and/or to place an order, contact Tim O'Brien at 802-879-2043 or Customer Service at 800-877-1158. For towns affiliated with the Vermont League of Cities and Towns, vaccines can be ordered at the CDC pricing through a VLCT account. In all cases, shipping is free. SmithKline Beecham also has a variety of training aids, quality assurance data products and vaccine information that it provides to EMS organizations at no charge.

12th Annual Vermont EMS Conference
Awards Criteria

It seems just a short time ago when the first awards ceremony was held at our original Vermont EMS Conference in 1988 in Rutland. Since that time, 80 of Vermont's EMS providers have been recognized for their outstanding contributions to EMS. Last year the awards criteria were changed to allow for greater recognition of the people and EMS organizations that serve our state. Three additional categories were added and the titles of and criteria for the awards were updated. Additionally, we have developed nomination forms to assist those wishing to submit nominations. These may be found in the 2000 EMS Conference Brochure in January. Additional forms and criteria are available on the web at ***http://www.state.vt.us/health/ems.***

When writing a nomination letter, remember that one quality nomination letter is of greater significance then several poorly crafted ones. Leave yourself enough time to write a nomination that is easily read and thorough in describing the accomplishments of your nominee. It is a rare occasion that we take the time to recognize accomplishments in EMS; take the time to let us know. Below are a few helpful hints to consider when submitting a nomination.

- ★ Consider the correct award category for the individual you're interested in nominating.
- ★ Remember, awards are based on an individual's or service's overall contribution to the field of EMS. Avoid focusing on single acts of heroism.
- ★ Make sure to completely identify the individual or service at some point in the nomination and the exact award you wish them to be nominated for. Frequently we receive letters that do not specify the award category.
- ★ Make a simple outline of your thoughts. Jumbled information is confusing and often clouds the characterizations that recognize outstanding members.
- ★ When you write your nomination, keep in mind that it will be read by several committee members who may have no familiarity with the person or service.
- ★ And, finally, have someone proofread your work.

EMS Awards Information

The annual Vermont EMS awards are a public opportunity to recognize our state's finest EMS professionals. In many ways, these are the "people's choice" awards. Nominations come from colleagues, friends, other public safety agencies, municipal officials and grateful patients. Selection of the award recipients is done by committees of peers, including the 1999 award winners. Nominations for this year's 2000 awards program must be received by **Friday, March 10, 2000.**

FIRST RESPONDER (EMERGENCY CARE ATTENDANT) OF THE YEAR

- ★ Is a currently certified Vermont ECA.
- ★ Has made exceptional contribution to his/her EMS organization.
- ★ Has strong and consistent clinical skills at his/her certification level.
- ★ Has made an outstanding contribution to the EMS system either within or outside his/her squad or service.

EMT-BASIC OF THE YEAR

- ★ Is a currently certified Vermont EMT-Basic.
- ★ Has made exceptional contribution to his/her EMS organization.
- ★ Has strong and consistent clinical skills at his/her certification level.
- ★ Has made an outstanding contribution to the EMS system either within or outside his/her squad or service.

EMT-INTERMEDIATE OF THE YEAR

- ★ Is a currently certified Vermont EMT-Intermediate.
- ★ Has made exceptional contribution to his/her EMS organization.
- ★ Has strong and consistent clinical skills at his/her certification level.
- ★ Has made an outstanding contribution to the EMS system either within or outside his/her squad or service.

EMT-PARAMEDIC OF THE YEAR

- ★ Is a currently certified Vermont EMT-Paramedic.
- ★ Has made exceptional contribution to his/her EMS organization.
- ★ Has strong and consistent clinical skills at his/her certification level.
- ★ Has made an outstanding contribution to the EMS system either within or outside his/her squad or service.

EMS EDUCATOR OF THE YEAR

- ★ Has made a recognized contribution to the Vermont EMS system through outstanding organization or delivery of education to EMS providers.

EMS LEADER OF THE YEAR

- ★ Is a leader of either a Vermont licensed ambulance service, first responder service, EMS district, hospital, or the community.
- ★ Has played a major role in either the EMS system development or the development of an individual EMS organization.
- ★ Has demonstrated leadership.
- ★ Has represented the EMS system in a positive manner to other groups and organizations.

EMS NURSE OF THE YEAR

- ★ Is currently a licensed nurse at any level.
- ★ Has made an exceptional contribution to the Vermont EMS system.

EMS PHYSICIAN OF THE YEAR

- ★ Is a currently licensed physician.
- ★ Has made an exceptional contribution to the Vermont EMS system.

FIRST RESPONSE SERVICE OF THE YEAR

- ★ Is a currently licensed first response service based in Vermont (licensure level is not to be considered)
- ★ The service has made an outstanding contribution in the past year to public education.

★ The service maintains positive, outstanding relations with the communities it serves and the local EMS District Board.
★ The service takes meaningful and visible steps to assure the professionalism of personnel and the quality of patient care.
★ The service has identified areas in which performance could be improved, and has taken organized steps to improve those areas in the past 2-3 years. (Examples could be: response times, quality improvement programs, advanced levels of training)

AMBULANCE SERVICE OF THE YEAR

★ Is currently a Vermont licensed ambulance service (licensure level is not to be considered)
★ The service has made an outstanding contribution in the past year to public education.
★ The service maintains positive, outstanding relations with the communities it serves and the local EMS District Board.
★ The service takes meaningful and visible steps to assure the professionalism of personnel and the quality of patient care.
★ The service has identified areas in which performance could be improved, and has taken organized steps to improve those areas in the past 2-3 years. (Examples could be: response times, quality improvement programs, advanced levels of training)

VERMONT SAFE KIDS INJURY PREVENTION AWARD

★ Is currently affiliated with an emergency medical services district or a licensed ambulance or first responder service in Vermont.
★ Has made an exceptional contribution to his/her organization in the area of injury prevention or public education.
★ Has made an exceptional contribution to his/her community in the area of injury prevention or public education.

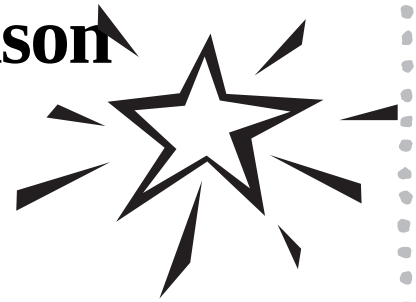
VERMONT AMBULANCE ASSOCIATION EDUCATION SCHOLARSHIP AWARD

The Vermont Ambulance Association is pleased to offer a scholarship in the amount of $500 to any member in good standing of a licensed Vermont EMS organization. This is to further their education in the provision or management of medical care. Recipients will be chosen by the VAA. Submit nominations or applications to the Vermont EMS office.

— Robert Schell

EDITORIAL

SVMC is Number One, with Good Reason



A nationwide survey has confirmed what folks in the Bennington area already know: There is extraordinary emergency care available at Southwestern Vermont Medical Center.

According to a national survey conducted by Press, Ganey Associates of South Bend, Ind., the clients of SVMC have ranked emergency service there tops among 454 hospitals surveyed across the country. Achieving this ranking was no accident. The staff at SVMC have radically altered the way they've done business over the past three years and the changes have paid off in a big way in terms of patient satisfaction.

The emergency facility has undergone a $1 million renovation, doctors have concentrated time and effort on providing increased information to patients about their health and about the treatment they are receiving, and nursing staffers have become patient advocates, even to the point of making follow-up calls to check on their progress when they've left the hospital.

It isn't simply an issue of quality care, but one of showing patients that the hospital staff cares about their welfare. We congratulate all the hospital personnel for their excellent showing — especially SVMC head Harvey York; medical director Dr. Norman Paradis; and Sheila Ritoch, director of critical care services. This is a terrific honor for our local hospital and one more reason for being proud of the quality of life we enjoy in our little corner of Vermont.

Reprinted from the Bennington Banner, *January 1999.*

SPECIAL PROJECT UPDATE

Awards

In May of this year, members of the Pediatric Office Resuscitation Project received the 1999 Vermont Glaxo Wellcome Child Health Recognition Award from Governor Howard Dean, M.D. This award was given in recognition of the project's efforts "to improve the health and well being of Vermont's children." Members of the team include Barry Heath, M.D., Jean Coffey, R.N., James Courtney, NREMT-P and Patrick Malone.

George W. Brown, M.D., a pediatrician who serves as the convener of the Vermont Child Fatality Review Team, received the Green Mountain Award from the Vermont Chapter of the American Academy of Pediatrics. Dr. Brown was recognized for his contributions to the health of Vermont's children. Dr. Brown has been involved with the Vermont EMSC Project since its inception in 1989. He served as Medical Director of the EMSC Demonstration Project and was the founder of Vermont SAFEKIDS Coalition.

EMSC State Partnership Grant

On October 1, the Department of Health was awarded the final year of funding for the EMSC State Partnership Grant. This funding will continue into the next funding period that begins in March of 2000. The goal of the project is to improve the capacity of the Vermont emergency medical service system to care for children. Specifically, the project will achieve the following five objectives:

- ❇ Represent pediatric emergency care issues in all aspects of the emergency medical services system.
- ❇ Assist with the delivery of the Family Practice Resuscitation Project to fifty family practice offices.
- ❇ Develop a prehospital data collection plan for the Vermont Emergency Medical Service System.
- ❇ Develop the pediatric component of state protocols and certification exam.
- ❇ Serve as a resource for EMS organizations.

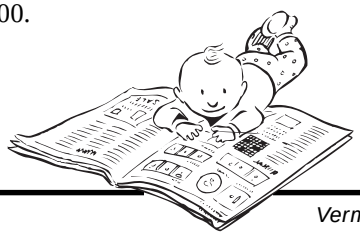
Please contact Patrick Malone for additional information.

EMSC Videoconference

The second annual New England Emergency Medical Services for Children Videoconference was presented on October 1. The event drew over 125 individuals who participated at nine sites. In Vermont, participants attended sites at Fletcher Allen Health Care (Burlington), Southwestern Vermont Medical Center (Bennington) and Central Vermont Hospital (Berlin). Other sites included Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire; Maine Medical Center in Portland, Maine; University of Massachusetts Medical Center in Worcester, Massachusetts; the Maternal Child Health Bureau in Rockville, Maryland and two sites in New York: Canton Potsdam Hospital in Canton and Alice Hyde Memorial in Malone.

The program was presented by the Initiative for Rural Emergency Medical Services at the University of Vermont through a grant from the federal Bureau of Maternal & Child Health. It once again demonstrated that distance learning through the use of technology increases the availability and lowers the cost of continuing medical education. Improvements in technology and scheduling resulted in an even better conference than last year.

The Third Annual New England Emergency Medical Services for Children videoconference is tentatively scheduled for Saturday, September 23, 2000.



Emergency Medical Service Instructor's Course

The Emergency Medical Service Instructor Course was presented for the second time by the Initiative for Rural Emergency Medical Services at the University of Vermont. The Governor's Highway Safety Program funded the program with a grant. The course is modeled on the New England Council for Emergency Medical Services Instructor Course. The course coordinator was Joann LeBrun of Tri-County EMS in Maine. Greg Thweatt, of the University of Vermont, was the lead instructor.

Thirteen individuals, representing eight of Vermont's thirteen emergency medical service districts, successfully completed the course and a course coordinator's program presented by Mike O'Keefe.

Congratulations to the graduates: Judith Aronow, Debra Bach, James Benton, Marge Fish, Frances French, Bud Geary, Coleen Gilman, Robin Kinsella, Maureen Leahy, Chris Paradee, Gary Schoenemann, Russ Thompson and Kevin Williams.

The forty-hour program will be presented over three weekends again starting in January. For more information, contact the local district training committee chair, or Mike O'Keefe at the EMS Office.

Second National Congress On Childhood Emergencies

The Second National Congress on Childhood Emergencies, "Giving America's Children Our Best," will be presented March 27-29, 2000. It will be held at the Omni Inner Harbor Hotel in Baltimore, Maryland. Additional information may be obtained from the EMSC National Resource Center at 202-884-4927 or *www.ems-c.org*

Happy Holidays

I would like to extend my best wishes to all of my friends and colleagues in emergency services for a safe and happy holiday season. Peace.

— Patrick T. Malone

New "Healthy Homes" Initiative

Do you know that the average American spends about 90 percent of the time inside? Do you know that hundreds of Vermont children are still lead poisoned each year? Do you know that radon is the second leading cause of lung cancer? Many people are surprised by these facts. For the past 20 years or so, there has been concern about the quality of the air outside, with major federal legislation passed to reduce the levels of outdoor air pollution. But few people realize that the *indoor environment* may be an even bigger concern.

In an effort to better address indoor environmental issues, the Vermont Department of Health's Health Protection Division is undertaking a new initiative called "Healthy Homes." Existing staff, with diverse areas of expertise, has been reorganized into the Children's Environmental Health Program. This new program is taking a holistic approach to looking at the indoor environmental hazards that may put family members, especially young children, at risk. These include some of the more well known risks — like lead paint and household poisons — to the less known risks associated with radon and contaminated drinking water.

The Children's Environmental Health Program staff has expertise in lead poisoning prevention, radon testing and mitigation methods, indoor air quality and drinking water. They are available to answer questions, provide technical assistance, and furnish information to the general public, as well as provide presentations to groups interested in learning more about these important health issues.

A new guidebook with important advice on environmentally safe home renovation is planned for release early next year. Staff is developing a low literacy educational tool that offers practical steps parents can take to reduce lead exposure. The tool is designed for use by health care providers, community action groups, housing organizations and others. The Department also offers free radon test kits to anyone interested in finding out if their home contains unacceptable levels of radon gas.

With grant funding from the Department of Housing and Urban Development (HUD), the Department of Health is planning intensive outreach to communities on the Healthy Homes initiative:

Collaboration with the League of Cities and Towns

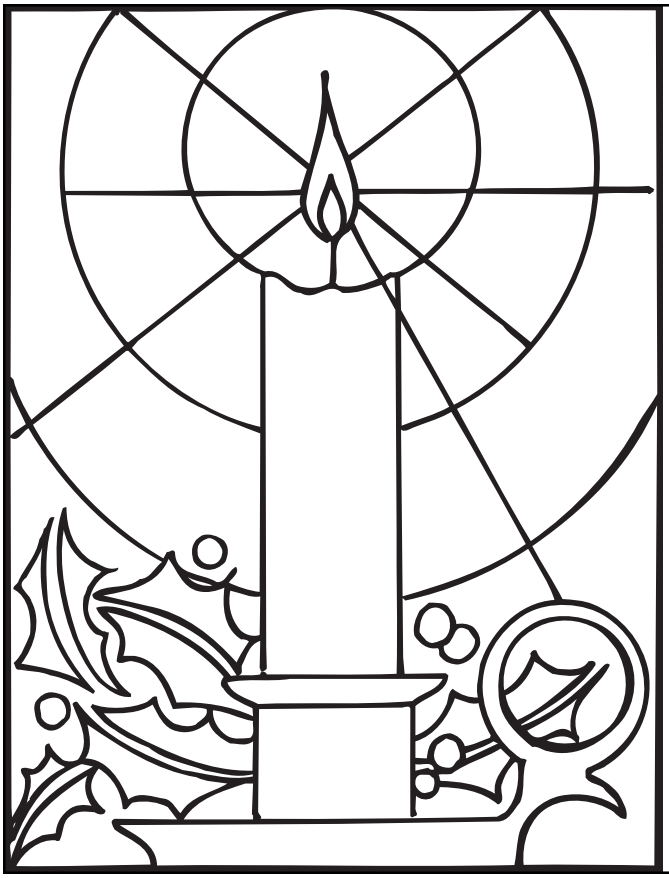
Within the next year, the Department, collaborating with the League of Cities and Towns, will host several regional trainings on Healthy Homes. Invited guests will include town clerks, town administrators, town health officers, and residents with an interest in improving their community's indoor environments. Towns will also be eligible to apply for small grants to fund their own Healthy Homes initiatives.

Collaboration with Local Emergency Medical Services

A pre-conference workshop will be held at the annual Vermont EMS conference next April. Information on Healthy Homes will be presented by national and state experts. Local EMS will be eligible to apply for small grants to fund Healthy Homes initiatives in their own communities.

For more information about Healthy Homes, contact the Department of Health at 1-800-439-8550.

— Karen Garbarino



Best Wishes for the Year 2000!

FROM THE STATE EMS STAFF

To all of you who have made our Vermont communities safer to live in through your dedication as a pre-hospital care provider. Have a safe and joyous holiday season.

Dan Manz
Leo J. Grenon
Patrick Malone
Michael O'Keefe
Wayne Misselbeck, M.D.
Rob Schell
Donna Jacob
Terri Price

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